## Issue Classification



| Application/Control No. |  |
|-------------------------|--|
| 105/19786               |  |

Examiner

| Applicant(s)/F | atent Under Reexamination |
|----------------|---------------------------|
| ALEX ET AL.    |                           |

Art Unit

3751

| ORIGINAL |                                         |                    |    |          |   | INTERNATIONAL CLASSIFICATION |                     |                     |           |        |        |        |        |             |  |  |  |
|----------|-----------------------------------------|--------------------|----|----------|---|------------------------------|---------------------|---------------------|-----------|--------|--------|--------|--------|-------------|--|--|--|
|          | CLASS                                   |                    |    | SUBCLASS |   |                              |                     | CLAIMED             |           |        |        |        |        | NON-CLAIMED |  |  |  |
| 141      | 26                                      |                    | В  | 6        | 5 | В                            | 1 / 04 (2006.01.01) |                     |           |        |        |        |        |             |  |  |  |
|          | CR                                      | CROSS REFERENCE(S) |    | В        | 6 | 7                            | D                   | 3 / 00 (2006.01.01) | $\exists$ | -      | -      | _      |        |             |  |  |  |
| CLASS    | CLASS SUBCLASS (ONE SUBCLASS PER BLOCK) |                    |    |          |   |                              |                     |                     |           | $\neg$ |        |        |        |             |  |  |  |
| 141      | 21                                      | 25                 | 67 |          |   | Γ                            |                     |                     |           |        |        | $\neg$ | $\neg$ |             |  |  |  |
| 222      | 505                                     |                    |    |          |   | Γ                            |                     |                     |           |        | $\Box$ | $\neg$ |        |             |  |  |  |
|          |                                         |                    |    |          |   | Г                            |                     |                     |           |        |        |        |        |             |  |  |  |
|          |                                         |                    |    |          |   | Г                            |                     |                     |           |        |        |        |        |             |  |  |  |
|          |                                         |                    |    |          |   |                              |                     |                     |           |        |        |        |        |             |  |  |  |
|          |                                         |                    |    |          |   |                              |                     |                     |           |        |        |        |        |             |  |  |  |
|          |                                         |                    |    |          |   |                              |                     |                     |           |        |        |        |        |             |  |  |  |
|          |                                         |                    |    |          |   |                              |                     |                     |           |        |        |        |        |             |  |  |  |
|          |                                         |                    |    |          |   |                              |                     |                     |           |        |        |        |        |             |  |  |  |
|          |                                         |                    |    |          |   |                              |                     |                     |           |        |        |        |        |             |  |  |  |
|          |                                         |                    |    |          |   |                              |                     |                     |           |        |        |        |        |             |  |  |  |
|          |                                         |                    |    |          |   | L                            |                     |                     |           |        |        |        |        |             |  |  |  |
|          |                                         |                    |    |          |   |                              |                     |                     |           |        |        | 7      |        |             |  |  |  |

| ⊠     | Claims re | renumbered in the same order as presented by applicant |          |       | renumbered in the same order as presented by applicant CPA T. |       |          |       |          | ] T.D. | .D. R.1.47 |       |          |       |          |
|-------|-----------|--------------------------------------------------------|----------|-------|---------------------------------------------------------------|-------|----------|-------|----------|--------|------------|-------|----------|-------|----------|
| Final | Original  | Final                                                  | Original | Final | Original                                                      | Final | Original | Final | Original | Final  | Original   | Final | Original | Final | Original |
|       | 14        |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       | 15        |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       | 16        |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       | 17        |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       | 18        |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       | 19        |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       | 20        |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       | 21        |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       | 22        |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       | 23        |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       |           |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       |           |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       |           |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       |           |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       |           |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |
|       |           |                                                        |          |       |                                                               |       |          |       |          |        |            |       |          |       |          |

| NONE                                                | Total Claims Allowed: |                     |                   |  |  |  |
|-----------------------------------------------------|-----------------------|---------------------|-------------------|--|--|--|
| (Assistant Examiner)                                | (Date)                | 10                  |                   |  |  |  |
| /Timothy L Maust/<br>Primary Examiner.Art Unit 3751 | 6/14/10               | O.G. Print Claim(s) | O.G. Print Figure |  |  |  |
| (Primary Examiner)                                  | (Date)                | 1                   | 4                 |  |  |  |